


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **555175** (9)

1. Corporation Name
CALEFFE REALTY, INC.

Principal Place of Business
**255 COMMERCIAL BLVD-
LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**255 COMMERCIAL BLVD-
LAUDERDALE BY THE SEA FL 33308-4419**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1977	3a. Date of Last Report 03/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1706186	Applied For <input type="checkbox"/> Not Applicable
22	City & State 3101 N. Federal Hwy, 6th FL Ft Lauderdale, FL	27	City & State 3101 N. Federal Hwy, 6th FL Ft Lauderdale, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 33306	28	Country FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country FL	29	Zip 33306	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CALEFFE, ROBERT R.
255 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	3101 N. Federal Hwy, 6th FL
84	City
Ft Lauderdale	
85	Zip Code
FL 33306	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALEFFE, ROBERT R	1.2 NAME	
STREET ADDRESS	255 COMMERCIAL BLVD.	1.3 STREET ADDRESS	3101 N. Federal Hwy, 6th FL
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33306
TITLE	VTDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALEFFE, CAROL A.	2.2 NAME	
STREET ADDRESS	255 COMMERCIAL BLVD.	2.3 STREET ADDRESS	3101 N. Federal Hwy, 6th FL
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33306
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert R. Caleffe** 4-18-97 Date 954-564-0702 Daytime Phone #

CR2E034 (9/96)